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APPLICANTS

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** CONTINUING DATA *****

None *SB*

** FOREIGN APPLICATIONS *****

None *SB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 9	TOTAL CLAIMS 80	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i>				
Verified and Acknowledged <i>J. Braun</i> <i>SB</i> Examiner's Signature Initials				

ADDRESS

52196

TITLE

Orthopedic distraction implants and techniques

FILING FEE RECEIVED 2108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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